Docket No. YOR920010439US1

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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the specification of which (chec	ck one)		
X is attached hereto.			
was filed on	as United States A	oplication Number	
or PCT International App			
I hereby state that I have revie	wed and understand the contr	ents of the above identified specific	cation, includi
, == =	rendment referred to above.		
accordance with Title 37, Code o	se information which is mate f Federal Regulations, Secti	erial to the patentability of this agon 1.56.	oplication in
which designated at least one co	t or inventor's certificate, untry other than the United	ted States Code, \$119(a)-(d) or \$365 or \$365(a) of any PCT International States, listed below and have also inventor's certificate, or PCT Internation on which priority is claimed:	l application identified below national
를 가 하는 것이 되었다. 대한 10년			Priority Claime
## (Number)	(Country)	(Day/Month/Year Filed)	Yes No
(Number)	(Country)	(Day/Month/Year Filed)	Yes No
(Number)	(Country)		Yes No
	35 U.S.C. §119(e) of any Un	ited States provisional application(al 14 au 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	, , , , , , , , , , , , , , , , , , ,	red Sedees provisional application(s) listed below
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Kattamuri Ekanadham	
Full name of second joint-inventor, if any	
Inventor's signature	Date
3855 Briarhill Street, Mohegan Lake, New York 10547	
Residence	
USA	
Citizenship	
Same as above.	
Post Office Address	
Pratap Chandra Pattnaik	
Full name of third joint-inventor, if any	
0 a n	
Investor's signature	Date
2±3 Barnes Street, Ossining, New York 10562	
Residence	
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Citizenship	
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Same as above. Post Office Address	
Full name of fourth joint-inventor, if any	
#a = #	
Inventor's Signature	Date
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Residence	
Citizenship	
010100011p	
Post Office Address	
rost office Address	
Full name of fifth joint inventor, if any	
Inventor's Signature	Dob
- Digital 420	Date
Residence	
NODIAGNOC	
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Post Office Address	
Full name of sixth joint-inventor, if any	
ve central joint inventor, it any	
Inventor's signature	
· · · · · · · · · · · · · · · · · · ·	Date
Residence	
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